OAHU CANDIDATES-SUBMIT 1 ORIGINAL AND 1 COPY

NEIGHBOR ISLAND CANDIDATES-SUBMIT 1 ORIGINAL AND 2 COPIES

STATE OF HAWAII CAMPAIGN SPENDING COMMISSION

DISCLOSURE REPORT COMMISSION CANDIDATE COMMITTEE

PLEASE TYPE OR PRINT CLEARLY WITH INK (INSTRUCTIONS FOR COMPLETING THE DISCLOSUR SECTION I-CANDIDATE AND CANDIDATE COMMITTEE:				Ididate committees."	
(a) Candidate Name:	SECTION II-TYPE OF REPORT:				
	(See the Schedule of Proporting Bates to complete this section)				
KITO SANIATAN	1st Pre	1st Preliminary Primary Amended First			
ERIENDS OF RITO	2nd Preliminary Primary Short Form 1				
(b) Committee Name: FRIENDS OF 2170 (c) Mailing Address: 94-615 Kuflyoff, 57 # No.	Final Pr	imary			
WALPAHA HZ 96797	I	Preliminary General REPORTING PERIOD		REPORTING PERIOD	
(d) Phone (Bus) 688-12-39 (Res)	Final Election Period		n	_	
Treasurer's	Suppler	mental	JUNI	11, Ofthrough June	30
SECTION III-SUMMARY OF R (Complete Section IV on the Back of t	ECEIPTS AND his Form Before	D DISBURSEME! e Completing This COLUM TOTAL THIS	Section)	COLUMN B ELECTION PERIOD TOTAL TO DATE	2
1. Cash on Hand at the Beginning of the Election Period				935.54	
2. Cash on Hand at the Beginning of this Reporting Period	***************************************	935.	54		
3. Total Receipts (From Line 15)	*************	0		8	
Subtotal (Add Lines 2 and 3 for Column A and Lines 1 and 3 for Column	n Bj	935.	54	935.54	
5. Total Disbursements (not including Unpaid Expenditures) (From Line 19,	J	935.	20	210.00	
6. Cash on Hand at the Closing of this Reporting Period (Subtract Line 5 fi	rom Line 4)	725.3	54	725.24	
7. Total Loans at the Closing of this Reporting Period	••••	0			
. Total Unpaid Expenditures at the Closing of this Reporting Period		0			
Debts Owed at the Closing of this Reporting Period (Add Lines 7 and 8)		Ð.			
0. Surplus/Deficit (Subtract Line 9 from Line 6)		725.5	74		
hereby certify that the information on this report and all attached Schedules	s are true, corre	ect and complete	to the best o	of my knowledge.	WA.
mundafant 1/30/04	: Mar	l'april	enla	7.30.04	

Treasurer Signature

Date

Date

Short Form is checked if the candidate is filing a Preliminary. Final or Supplemental Report and has aggregate contributions and aggregate expenditures for the reporting period totaling \$2,000 or less. Short form reporting requires completion of only Section II, and Section III of this Disclosure Report.

An Election Period is the two-year period between general election days if a candidate is seeking nomination or election to a two-year office and the four-year period between general election days if a candidate is seeking nomination or election to a four-year office.

STATE OF HAWAII CAMPAIGN SPENDING COMMISSION

SCHEDULE B EXPENDITURES CANDIDATE COMMITTEE

NO INFORMATION OR COPIES FROM THE REPORTS SHALL BE SOLD OR USED BY ANY PERSON FOR THE PURPOSE OF SOLICITING CONTRIBUTIONS OR FOR ANY COMMERCIAL PURPOSE.

CANDIDATE AN	ND CANDIDATE COMMITTEE NAME:	PAGEO	
DATE OF EXPENDITURE	FULL NAME, STREET ADDRESS, CITY, STATE AND ZIPCODE OF VENDOR OR SOURCE OF NON-MONETARY CONTRIBUTION	PURPOSE OF EXPENDITURE OR DESCRIPTION OF NON-MONETARY CONTRIBUTION	AMOUNT OF EXPENDITURE OR FAIR MARKET VALUE OF NON-MONETARY CONTRIBUTION THIS PERIOD
1/22/04	STATE OF HAWALI CAMPAIGN SPENDING	LATE FILINGS PENALTY	\$ 150.00
3/5/04	POST OFFICES	POSTAGE	\$23.00 #37.00
	NON-MONETARY CONTRIBUTION		
1. SUBTOTAL C	DF EXPENDITURES THIS PERIOD (This Page)		210.00
2. TOTAL EXPE	NDITURES THIS PERIOD (Last Page Only) (Transfer total to Line Nu	mber 16 of the Disclosure Report)	210.00

CHECK ONLY ONE BOX USE SEPARATE SCHEDULE(S) FOR EACH CATEGORY	BELO
INDIVIDUALS/OTHER ENTITIES/NONCANDIDATE COMMITTEES/POLITICAL PARTIES	
CANDIDATE OR CANDIDATE'S IMMEDIATE FAMIL	Y

STATE OF HAWAII CAMPAIGN SPENDING COMMISSION

MONETARY AND NON-MONETARY CONTRIBUTIONS CANDIDATE COMMITTEE

CANDIDATE COMMITTEE NO INFORMATION OR COPIES FROM THE REPORTS SHALL BE SOLD OR USED BY ANY PERSON FOR THE PURPOSE OF SOLICITING CONTRIBUTIONS OR FOR ANY COMMERCIAL PURPOSE. CANDIDATE AND CANDIDATE COMMITTEE NAME: **PAGE** OF FOR AGGREGATES OF \$1,000 OR MORE AMOUNT OF DATE OF DEPOSIT OR FULL NAME, STREET ADDRESS, CITY, STATE AND ZIPCODE OF DONOR CONTRIBUTION OR NAME OF EMPLOYER FAIR MARKET VALUE RECEIPT OF OF NON-MONETARY NON-MONETARY CONTRIBUTION AGGREGATE CONTRIBUTION THIS PERIOD **ELECTION PERIOD** IF A DEPENDENT MINOR, ENTER NAME OF PARENT OCCUPATION TOTAL TO DATE ■ NON-MONETARY CONTRIBUTION NON-MONETARY CONTRIBUTION NON-MONETARY CONTRIBUTION ■ NON-MONETARY CONTRIBUTION NON-MONETARY CONTRIBUTION NON-MONETARY CONTRIBUTION 1. SUBTOTAL OF MONETARY AND NON-MONETARY CONTRIBUTIONS THIS PERIOD (This Page)..... 2. TOTAL MONETARY AND NON-MONETARY CONTRIBUTIONS THIS PERIOD (Last Page Only) (Transfer total to the applicable Line Number of the Disclosure Report - 11(a)(ii) or 11(b)(ii)).....

Form CC-5(A) (Rev. 5/99)